

09/534,825

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)								SERIAL NO. 9534825		FILING DATE	
								APPLICANT(S)			
								CLAIMS			
AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT				IND.	IND.	IND.	IND.
IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.
1								1			
2								1			
3								1			
4								1			
5								1			
6								1			
7								1			
8								1			
9								1			
10		6						1			
11	1							1			
12		1						1			
13		1						1			
14		1						1			
15		1						1			
16		1						1			
17								1			
18								1			
19								1			
20								1			
21								1			
22								1			
23								1			
24								1			
25	1							1			
26		1						1			
27		1						1			
28		1						1			
29	1							1			
30								1			
31		6						1			
32	1							1			
33		1						1			
34		1						1			
35	1							1			
36		1						1			
37		1						1			
38	1							1			
39	1							1			
40	1							1			
41		1						1			
42		1						1			
43		1						1			
44	1							1			
45		1						1			
46		1						1			
47								1			
48	1							1			
49		1						1			
50		1						1			
TOTAL IND.								18			
TOTAL DEP.								45			
TOTAL CLAIMS								63			

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